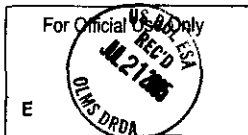


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3713</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>KATHERINE N CLEVELAND</u> P.O. Box, Bldg., Room No., if any Street <u>354 ARMA PLACE</u> City <u>KAILUA</u> State <u>HAWAII</u> ZIP Code <u>96731-325</u>	4. Name, file number, and address of labor organization. Name <u>SCREEN ACTORS GUILD</u> Labor Organization File Number <u>000-113</u> P.O. Box, Building and Room Number, if any Street <u>5757 WILSHIRE BLVD.</u> City <u>LOS ANGELES</u> State <u>CALIFORNIA</u> ZIP <u>90036-3600</u>
5. Position in labor organization. <u>COUNCIL MEMBER / HAWAII BRANCH BOARD OF DIRECTORS</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>EMMIS COMMUNICATIONS</u> Trade Name, if any: <u>Emmis</u> P.O. Box, Bldg., Room No., if any <u>2000 Bank Plaza</u> Street <u>2000 BANK PLAZA</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46204</u>	7.a. Nature of Interest, Transaction, or Income. <u>common on market</u> <u>100 shares purchased 8/25/2004</u> <u>@ 33/share</u> <u>current value 18.15/share</u> <u>7/15/2005</u> 7.b. Amount. <u>income</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Katherine N. Cleveland

On July 15 2005  
Date

808 864-6300  
Telephone Number

Name of Person Filing

KATHERINE N. CLEVELAND

File Number U-

3513 3713

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name APPLIED MATERIALS

Trade Name, if any: AMAT

P.O. Box, Bldg., Room No., if any P.O. Box 58039

Street 3050 BOWERS AVE.

City SANTA CLARA

State CALIFORNIA ZIP 95052-8039

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

160 common shares  
purchased on market  
@ 20/share  
1/22/2001  
\$3215 investment

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

current value (loss)  
on holdings  
value 7/15/2005 17.35/share

12.b. Amount.

value on 7/15/2005 \$2776.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.